

Testimony in **SUPPORT** of HB 5430:  
An Act Concerning Opioids  
Daniel M. Kerekes, M.D.  
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Dear Members of the Joint Committee on Public Health,

My name is Dr. Daniel Kerekes. I am currently a resident physician training in general surgery in Connecticut. As a surgery resident, I prescribe opioids to patients both in and out of the hospital almost daily to help them through postsurgical pain and pain associated with complications.

I am writing to you today in strong support of H.B. 5430. I thank the members of the committee for introducing this bill and strongly support several important provisions in this bill that will save lives in CT, including the legalization of fentanyl test strips, enabling mobile methadone distribution, and eliminating unnecessary requirements for certifying pharmacists who dispense naloxone.

**The Time to Act is Now**

A comprehensive bill to address the opioid crisis is needed now more than ever, as the opioid epidemic continues to get worse, not better. Although the opioid epidemic has been in the national conversation for years, previous efforts to address it have not been enough. In fact, 2021 was the worst year on record for opioid overdoses in the US, with over 75,000 reported.<sup>1</sup> According to a 2020 CDC survey, 13.3% of all those surveyed started or increased substance use to help deal with stress related to COVID-19.<sup>2</sup> Moreover, there was a 15% increase in opioid overdose deaths here in Connecticut from 2019 to 2020.<sup>3</sup>

**Increased Access to Naloxone is a No-Brainer**

One important step forward includes increasing access to naloxone. Timely administration of naloxone in real-world studies has been shown to be effective at reversing opioid overdose up to 99% of the time,<sup>4</sup> and it has essentially no effect on someone who does not have opioids in their system.<sup>5</sup> Moreover, it is available as a generic drug, often at a wholesale price of around \$20. I therefore strongly support legislation that removes barriers to prescribing and receiving naloxone.

**Including Methadone in the PDMP and Improving Data Sharing Practices Can Improve Hospital Care of Patients on Opioid Maintenance Therapy**

Another critical component of HB 5430 is the proposal to include methadone in the prescription drug monitoring program (PDMP). Many patients who present to the hospital with an acute illness are unable to provide an accurate list of the medications they take at home, due to temporary confusion or disorientation. Because of this, it is an issue of patient safety that hospital providers such as myself are able to use the medical record to identify patients who are prescribed methadone. Not only does methadone

interact in a major way with over 300 other medications,<sup>6</sup> but patients who take methadone regularly require significantly higher doses of opioids for pain control and in order to tolerate procedures and surgeries, and may even require alternative pain control methods; as such, knowledge that a patient is on methadone could significantly alter their treatment plan. Even if a patient is able to report that they take methadone but are unsure of their dose, providers like me currently have to wait until normal business hours to call their opioid maintenance program in order to confirm their dose. As a surgery resident, many of the operations I perform are emergencies and cannot wait until day time. Having information in the chart about a current methadone prescription and dose can lead to more timely and appropriate care for these patients.

For similar reasons, I also strongly encourage a provision be included that facilitates data sharing across state agencies concerned with tracking treatment of opioid use disorder, risk factors for overdose, and data on overdose deaths. In the hospital, every extra piece of information about a patient's medical condition can be used to more appropriately direct treatment.

Last, I would consider striking the specific examples provided for non-opioid treatment options on page 1, lines 13-14, from the language of the bill, considering the myriad opioid alternatives available and the specific indications and contraindications that exist for some of the listed modalities depending on the disease being treated.

In summary, I strongly support HB 5430 and I ask the committee to support and pass this important piece of legislation. Thank you for your consideration of this important issue, and for all that you do.

Sincerely,  
Daniel Kerekes, MD

#### Citations:

1. Drug Overdose Deaths in the U.S. Top 100,000 Annually. Published November 17, 2021. Accessed February 28, 2022. [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)
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3. Opioid Epidemic - Town of Fairfield, Connecticut. Accessed February 28, 2022. <https://www.fairfieldct.org/Opioids>
4. Park JN, Weir BW, Allen ST, Chaulk P, Sherman SG. Fentanyl-contaminated drugs and non-fatal overdose among people who inject drugs in Baltimore, MD. *Harm Reduction Journal.* 2018;15(1):34. doi:10.1186/s12954-018-0240-z
5. Jordan MR, Morrisonponce D. Naloxone. In: StatPearls. StatPearls Publishing; 2022. Accessed March 1, 2022. <http://www.ncbi.nlm.nih.gov/books/NBK441910/>
6. <https://www.drugs.com/drug-interactions/methadone.html>